

test so that if you have a savings account of more than \$2,000, or you have a car that is worth \$4,500, or you have a burial plot worth more than \$1,500, you would not necessarily be eligible for any help whatsoever. That strikes me as being stingy. To tell you the truth, it defies common sense. We ought not to be having this kind of stringent assets test when it comes to whether people can afford prescription drugs.

My final point—and I could spend a lot of time on this—I am a cosponsor of the Senate bill. I think it is extremely important. I thank both my colleagues. I would love to see us have some cost containment. I think we should do it. I could talk about three options, but with only 30 seconds, I am only going to talk about one, because I have been working on it for several years. And so have Senator STABENOW, Senator DORGAN, and Senator JEFFORDS.

I do believe at the very minimum we ought to allow our citizens to reimport these prescription drugs from Canada, according to all of the FDA safety guidelines. There is no reason in the world why our pharmacists, our wholesalers, and our families cannot reimport drugs, where they can get a 30-, 40-, or 50-percent discount. There is no reason whatsoever. I grant you, the pharmaceutical industry will not like this.

But what we also have to do is make sure there is a way we can reduce the costs. I think that would be a helpful addition to what I think is a very important piece of legislation.

I say to my colleagues, I think the House bill is a nonstarter. I think it is a great leap backwards. I think we have a much stronger bill. I look forward to the debate.

I yield the floor.

The PRESIDING OFFICER. The Senator from Florida.

Mr. GRAHAM. Mr. President, first, I commend my two colleagues for their eloquent statements. I commend the Presiding Officer for his great leadership on this effort to pass a prescription drug benefit this year.

The most fundamental reform for our Nation's Medicare Program is its transformation from a program that has focused, since 1965, on dealing with people's needs after they were sick enough to go to the doctor or the hospital and to create a modern commitment to good health.

Access to medications is an absolutely central part of that commitment to good health. Access to medications not only helps people live longer, happier, healthier lives, but it also will help Medicare save money.

These truths are particularly important to the most vulnerable of our elderly, those who are too well off to qualify for Medicaid, the program for poor Americans, but are too poor to afford their medically necessary prescription drugs.

There are approximately 10 million older Americans living on an annual

income of \$13,000 or less per year. Of that 10 million, 5.5 million have no prescription drug coverage because they do not qualify for Medicaid.

These Americans face the tough choices of deciding whether they can afford their prescription drugs. One example of this is Mrs. Olga Butler of a beautiful community in central Florida, Avon Park.

Mrs. Butler receives a monthly Social Security check of \$672, which makes her barely over the income limit for Medicaid coverage. This means that the 67-year-old Olga has to pay for her own medications, sometimes having to make the choice among food, rent, and her prescriptions.

Olga is on Lipitor and clonidine for her hypertension and high cholesterol. She pays \$95 per month for Lipitor and \$22 per month for clonidine. These prescription drugs not only improve the quality of Olga's life, but they are helpful in warding off a possible stroke or heart attack, for which she is at great risk.

In addition to the personal devastation of having a stroke or a heart attack, these would cause significant additional costs to the Medicare Program.

An average hospitalization for a typical stroke patient costs Medicare \$7,127.59. Physicians' time, tests, and consultations will add, on average, another \$1,600 cost to Medicare. This is an avoidable event.

If Olga can continue to take her medications, chances are she will not have a stroke, she will not have a heart attack, and, if she is fortunate, she will not need further hospitalizations, nursing facility care, and rehabilitation services. This, of course, is expensive, but it is also avoidable.

You might ask, why are you discussing this issue of the poor, but above Medicaid eligibility, elderly? Don't both competing prescription drug plans that have been offered for Medicare offer similar benefits to Olga Butler? The answer is, not quite.

Under the House Republican plan, which I understand may be debated today and where I know there are considerable misgivings among Members on both sides of the aisle, maybe one of the reasons for those misgivings is the fact that, before Olga can receive any help with her drug costs, she must pass an assets test. An assets test?

For the first time in the history of Medicare—for the first time since 1965—we are about to impose an assets test in order for a low-income Medicare beneficiary to be eligible for prescription drug assistance.

What does this mean to Olga Butler? It means she must deplete her life's savings to less than \$4,000, sell off her furniture and personal property that is worth more than \$2,000, get rid of her burial fund if it exceeds \$1,500, and sell her car, if it has a value of more than \$4,500—all of these in order to qualify for low income assistance under the inadequate Republican proposal.

I ask unanimous consent for an additional 5 minutes to complete my remarks.

Mr. REID. Objection.

The PRESIDING OFFICER. Objection is heard.

Mr. GRAHAM. Mr. President, I look forward to an opportunity to continue to outline the circumstances under which Olga would be disadvantaged if the plan being considered in the House today were to improvidently be adopted.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2003

The PRESIDING OFFICER. Under the previous order, the Senate will now continue consideration of S. 2514 which the clerk will report.

The legislative clerk read as follows:

A bill (S. 2514) to authorize appropriations for fiscal year 2003 for the military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe personnel strengths for such fiscal year for the Armed Forces, and for other purposes.

Mr. WARNER. Parliamentary inquiry: My understanding is the Senate now, by previous order, proceeds to the cloture vote; am I correct?

The PRESIDING OFFICER. The Senator is correct.

CLOTURE MOTION

The PRESIDING OFFICER. Under the previous order, the clerk will report the motion to invoke cloture.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII, of the Standing Rules of the Senate, hereby move to bring to a close the debate on S. 2514, the Defense authorization bill:

Harry Reid, Jon Corzine, Richard Durbin, Tom Harkin, Carl Levin, Mary Landrieu, Tom Carper, Ben Nelson, Ron Wyden, Daniel Akaka, Debbie Stabenow, Evan Bayh, Maria Cantwell, Herb Kohl, John Edwards, Jeff Bingaman, and Joseph Lieberman.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call under the rule is waived.

The question is, Is it the sense of the Senate that debate on S. 2514, a bill to authorize appropriations for fiscal year 2003 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, prescribe personnel strengths for such fiscal year for the Armed Forces, and for other purposes, shall be brought to a close?

The yeas and nays are required under the rule.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. REID. I announce that the Senator from New York (Mr. SCHUMER) is necessarily absent.